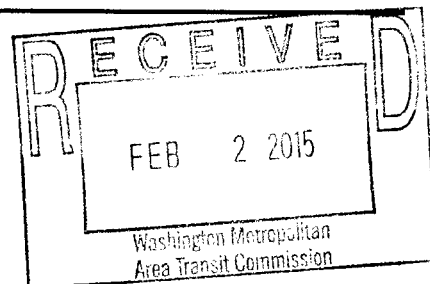


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1749 | DC Nation, Incorporated

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

6811 Cabin John Road | | Springfield | VA | 22150-2434

\*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

P.O. Box 30033

Alexandria

VA

22210-8033

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(703) 994-8545

(571) 969-9558

dcnationinc@aol.com

\*Telephone

Other Telephone

Fax

E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2050590

820

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Margoth Anampa

President

\*Name

\*Title

(703) 994-8545

(571) 969-9558

dcnationinc@aol.com

\*Telephone

Other Telephone

Fax

E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process

Telephone

E-mail

Agent Address (must be inside Metropolitan District)

Apt./Suite City

State

Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NO CHANGES

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2006	FORD	1FDAF56P96EB43007	P44606	VA	28	NO
	2012	INTERNATIONAL	3HAMMAAM2GL553488	P157885	VA	36	NO
	2014	FORD	1FDXE4FS2EDA48305	H524603	VA	24	NO

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

CARRUHO, ALBERTO

\*Name (type or print)



\*Signature

CHIEF OPERATING OFFICER

\*Title (not required for sole proprietors)

JANUARY - 29 - 2015

\*Date